

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 593054

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		4		1		
7		4		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		3		1		
13				1		
14				1		
15				1		
16				1		
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26				1		
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28				1		
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31	1		1			
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43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	76	←	59	←		←
TOTAL CLAIMS	77		61			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0		1		
52		0		1		
53		0		1		
54		0		1		
55		0		1		
56		0		1		
57		0		1		
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						